

INFORMATION BULLETIN

WELFARE-TO-WORK

Number: WB99-33

Date: June 9, 1999

Expiration Date: 06/30/00

69:103:cg:2915

TO: SERVICE DELIVERY AREA ADMINISTRATORS
PRIVATE INDUSTRY COUNCIL CHAIRPERSONS
WELFARE-TO-WORK 15 PERCENT SUBGRANTEES
DOL WELFARE-TO-WORK 25 PERCENT SUBGRANTEES
COUNTY WELFARE DIRECTORS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STAFF
EDD EXECUTIVE STAFF
WORKFORCE DEVELOPMENT BRANCH STAFF

SUBJECT: REVISED WtW INTERIM PARTICIPANT REPORT

The purpose of this information bulletin is to advise you of changes that have been made to the Welfare-to-Work (WtW) Interim Participant Report form. Service Delivery Areas (SDA) use this form to submit monthly reports to the state on WtW participants in the 85 percent program. In addition, SDAs and WtW subgrantees use this form to report participants in both the 85 percent and 15 percent programs on a quarterly basis. A copy of the revised form is attached, along with line item instructions for its completion.

The Interim Participant Report was revised to incorporate the performance bonus criteria, in accordance with the new reporting requirements issued by the Department of Labor in March 1999. Several changes were also made based on SDA staff suggestions for clarification and improvement. Please review the revisions carefully, as they include some new and changed data elements. In addition, the definitions created and/or revised by these instructions have some implications for the general operation of your programs. Some of this information may not currently be collected by your SDA.

A Job Training Automation (JTA) system change release was issued on June 4, 1999, which includes the updates to the WtW Interim Participant Report. Please do not run your participant report until after the installation of this release.

Information Bulletin WB99-18, dated April 14, 1999, required SDAs to report the number of WtW participants placed in subsidized employment by using a sequel statement and submitting a special form. This form is no longer required as the JTA system change incorporates this data. Should you have any questions regarding the system release, please call the JTA Help Desk at (916) 653-0202.

As a reminder, Information Bulletin WB99-16, dated April 1, 1999, changed the deadline for submitting reports on participants served in the 85 percent Formula WtW program and established a monthly reporting requirement. The Interim Participant Report must now be submitted by the 20th day of the month following the report period. If your SDA had no participants in its WtW program, a monthly participant report still needs to be filed.

Please ensure this information bulletin is shared with your WtW Management Information System and Reporting staff. If you have any questions concerning the changes to the Interim Participant Report, please contact Cindy Hobart in the Data Analysis Unit at (916) 654-8285. All other questions should be directed to your program manager.

/S/ BILL BURKE
Assistant Deputy Director

Attachment

Welfare-to-Work Interim Participant Report

1. Subgrantee Name and Address:	2. Subgrantee Code:
	3. Grant Code:
	4. Report Period:
I. SUBGRANT INFORMATION	
A. Report Revision Number:	
B. Subgrant/Contract Number:	
C. Subgrant Term:	From: / /
	To: / /
II. PARTICIPANT SUMMARY	CUMULATIVE TOTALS
A. Total Active Participants (B minus C)	
B. Total Participants Served	
1. Required Beneficiaries (70% of \$ Minimum)	
2. Other Eligibles (30% of \$ Minimum)	
C. Total Participants Terminated	
1. Required Beneficiaries (70% of \$ Minimum)	
2. Other Eligibles (30% of \$ Minimum)	
D. Placed in Unsubsidized Employment	
1. Greater Than or Equal to 30 Hours per Week	
2. Less Than 30 Hours per Week	
E. Employed in Unsubsidized Employment When Entering WtW	
1. Greater Than or Equal to 30 Hours per Week	
2. Less Than 30 Hours per Week	
F. Placed in Subsidized Employment	
1. Greater Than or Equal to 30 Hours per Week	
2. Less Than 30 Hours per Week	
III. ACTIVITIES SUMMARY	
A. Total Activities	
1. Community Service	
2. Work Experience Program	
3. Public Sector Employment Wage Subsidy	
4. Private Sector Employment Wage Subsidy	
5. On-the-Job Training	
6. Job Readiness Services	
7. Job Placement Services	

III. ACTIVITIES SUMMARY (continued)				
8. Post-Employment Services				
9. No Longer Used				
10. Job Retention Services				
11. Supportive Services				
12. Other Employment Activities				
13. In-Depth Assessment, Individualized Service Strategy, or Case Management Services				
IV. FAMILY SUMMARY	First Month	Second Month	Third Month	Quarter Total
A. Total Number of Families Served				
B. Total Number of Participants Served				
C. Total Number of Non-Custodial Parents Served				
D. Total Number of Families Terminated				
E. Total Number of Participants Terminated				
V. TOTAL ACCURED EXPENDITURES				
VI. INDIVIDUAL DEVELOPMENT ACCOUNTS				
VII. COMMENTS				
VIII. CERTIFICATION				
Name	Title	Phone No.	Signature	
Contact Person	Title	Phone No.	Date Submitted	

Welfare-to-Work Participant Report Line Item Instructions

Item	Instructions
1. Subgrantee Name and Address	Enter the name and address of the Service Delivery Area (SDA) or the subgrantee.
2. Subgrantee Code	Enter the Job Training Automation (JTA) three-digit alpha code assigned to each subgrantee by the Job Training Partnership Division (JTPD).
3. Grant Code	Enter the JTA three-digit numeric code assigned to each funding source by JTPD. Note: Only one grant code can be reported per form.
4. Report Period	Enter the ending month and year of the report period for which this report is prepared.

Section I. Subgrant Information

This section provides subgrantees allocation and reporting information.

Item	Instructions
A. Report Revision Number	Enter the revision number of this report (sequence number should be tracked by the SDA). This item has been added to ensure that the most current version of the report has been entered into the State's system. If this report is the initial report for the reporting period, enter "00." If this report is the first revision, enter "01" and so forth.
B. Subgrant/Contract Number	Enter subgrant/contract number assigned by the Employment Development Department.
C. Subgrant Term	Enter the beginning (From) and ending (To) dates for the subgrant being reported.

Section II. Participant Summary

This section provides participant information on a cumulative basis. The Department of Labor (DOL) requires the State to report participants by formula grant and competitive grant in order to account for the money used to serve the WtW recipients.

Item	Instructions
A. Total Active Participants	<p>Enter the cumulative number of WtW clients who are active in the program at the end of the report period.</p> <p><i>Total Active Participants</i> must be equal to the total of <i>Total Participants Served</i> minus <i>Total Participants Terminated</i> (Item B minus C).</p>
B. Total Participants Served 1. Required Beneficiaries 2. Other Eligibles	<p>Enter the cumulative number of WtW clients served in an activity or service from the beginning of the fiscal year to the end of the report period. If a client terminates from the program and returns for additional services, the client is to be counted again.</p> <p><i>Total Participants Served</i> must equal the sum of <i>Required Beneficiaries</i> and <i>Other Eligibles</i> (Item B1 + B2).</p> <p>Enter the cumulative number of WtW clients served who met the <i>Required Beneficiaries</i> eligibility requirements for 70 percent of the funding from the beginning of the fiscal year to the end of the report period.</p> <p>Enter the cumulative number of WtW clients served who met the <i>Other Eligibles</i> eligibility requirements from the beginning of the fiscal year to the end of the report period.</p>
C. Total Participants Terminated	<p>Enter the cumulative number of WtW clients terminated from the WtW program. If a client leaves and returns for additional services, the client is to be counted again when terminated.</p> <p><i>Total Participants Terminated</i> must equal the sum of <i>Required Beneficiaries</i> terminated and <i>Other Eligibles</i> terminated (Item C1 + C2).</p>

Item	Instructions
1. Required Beneficiaries	Enter the cumulative number of WtW clients who met the <i>Required Beneficiaries</i> eligibility requirements as defined under Section 403(a)(5)(C)(ii) and terminated from the WtW program from the beginning of the fiscal year to the end of the report period.
2. Other Eligibles	Enter the cumulative number of WtW clients who met the <i>Other Eligibles</i> eligibility requirements as defined under Section 403(a)(5)(C)(ii) and terminated from the WtW program from the beginning of the fiscal year to the end of the report period.
D. Placed in Unsubsidized Employment 1. Greater Than or Equal to 30 Hours Per Week 2. Less Than 30 Hours per Week	Enter the cumulative number of WtW clients placed in unsubsidized employment. <i>Placed in Unsubsidized Employment</i> must equal the sum of <i>Greater Than or Equal to 30 Hours per Week</i> and <i>Less Than 30 Hours per Week</i> (Item D1 + D2). Enter the cumulative number of WtW clients placed in unsubsidized employment for more than 30 hours per week. Enter the cumulative number of WtW clients placed in unsubsidized employment for less than 30 hours per week.
E. Employed in Unsubsidized Employment When Entering WtW 1. Greater Than or Equal to 30 Hours per Week 2. Less Than 30 Hours per Week	Enter the cumulative number of WtW clients who were working in unsubsidized employment when they entered the WtW program. <i>Employed in Unsubsidized Employment When Entering WtW</i> must equal the sum of <i>Greater Than or Equal to 30 Hours per Week</i> and <i>Less Than 30 Hours per Week</i> (Item E1 + E2). Enter the cumulative number of WtW clients who were working in unsubsidized employment for 30 or more hours per week when they entered the WtW program. Enter the cumulative number of WtW clients who were working in unsubsidized employment for less than 30 hours per week.

Item	Instructions
F. Placed in Subsidized Employment	<p>Enter the cumulative number of WtW clients placed in subsidized employment for which the subsidy is less than 100 percent of the total income and is not work fare.</p> <p><i>Placed in Subsidized Employment</i> must equal the sum of <i>Greater Than or Equal to 30 Hours per Week</i> and <i>Less Than 30 Hours per Week</i> (Item F1 + F2).</p>
1. Greater Than or Equal to 30 Hours per Week	Enter the cumulative number of WtW clients placed in unsubsidized employment for 30 or more hours per week when they entered the WtW program.
2. Less Than 30 Hours per Week	Enter the cumulative number of WtW clients placed in unsubsidized employment for less than 30 hours per week.

Section III. Activities Summary

This section provides information as required by DOL for those clients who are participating in the WtW activities. A participant may be counted in more than one activity during a report period. Refer to the WtW Client Forms Handbook for definitions of the specific activities.

Item	Instructions
1. Community Service	Enter the number of WtW clients placed in a community service activity from the beginning of the program through the end of the report period.
2. Work Experience Program	Enter the number of WtW clients placed in a work experience activity from the beginning of the program through the end of the report period.
3. Public Sector Employment Wage Subsidy	Enter the number of WtW clients placed in a public sector employment wage subsidy activity from the beginning of the program through the end of the report period.

Item	Instructions
4. Private Sector Employment Wage Subsidy	Enter the number of WtW clients placed in a private sector employment wage subsidy activity from the beginning of the program through the end of the report period.
5. On-the-Job Training	Enter the number of WtW clients placed in an on-the-job training activity from the beginning of the program through the end of the report period.
6. Job Readiness Services	Enter the number of WtW clients placed in a job readiness activity from the beginning of the program through the end of the report period.
7. Job Placement Services	Enter the number of WtW clients placed in a job placement activity from the beginning of the program through the end of the report period.
8. Post-Employment Services	Enter the number of WtW clients placed in a post-employment activity from the beginning of the program through the end of the report period.
9. No Longer Used	Leave blank.
10. Job Retention Services	Enter the number of WtW clients placed in a job retention service activity from the beginning of the program through the end of the report period.
11. Supportive Services	Enter the number of WtW clients placed in a supportive service activity from the beginning of the program through the end of the report period.
12. Other Employment Activities	Enter the number of WtW clients placed in other employment activities from the beginning of the program through the end of the report period.
13. In-Depth Assessment, Individualized Services Strategy, or Case Management Services	Enter the number of WtW clients who received in-depth assessment, individualized services strategy, or case management services from the beginning of the program to the end of the report period.

Section IV. Family Summary

This section provides state Temporary Assistance for Needy Families (TANF) information as proposed by the Department of Health and Human Services for those clients who are participating in the WtW program. All counts of families and individuals should be unduplicated monthly totals.

Item	Instructions
A. Total Number of Families Served	Enter the number of TANF families receiving assistance under the state WtW program for each month of the quarter.
B. Total Number of Participants Served	Enter the total number of participants in the state WtW program for each month of the quarter.
C. Total Number of Non-Custodial Parents Served	Enter the total number of non-custodial parents participating in the state WtW program for each month of the quarter.
D. Total Number of Families Terminated	Enter the number of families whose participation in the state WtW program was terminated for each month of the quarter.
E. Total Number of Participants Terminated	Enter the total number of participants whose participation in the state WtW program was terminated for each month of the quarter.

Sections V through VII

The following sections provide additional information as required by DOL.

Section/Item	Instructions
Section V. Total Accrued Expenditures	Enter the <i>total</i> cumulative accrued expenditures from the beginning of the program through the end of the report period.
Section VI. Individual Development Accounts	Enter the number of WtW clients participating in individual development account activities from the beginning of the program through the end of the report period.
Section VII. Comments	Note any additional comments.

Section VIII. Certification

Item	Instructions
Name	Enter the name of the authorized official who will be signing the form.
Title	Enter the authorized official's title.
Phone Number	Enter the authorized official's phone number.
Signature	The authorized official must sign the form. The signature certifies that the form has been accurately completed, with the valid data, and is in <u>compliance with the WtW Grant program</u> .
Contact Person	Enter the name of a contact person in the event any questions should arise concerning information on the completed form. The contact person will, in most cases, be the individual who prepared the report.
Title	Enter the contact person's title.
Phone Number	Enter the contact person's phone number.
Date Submitted	Enter the date the form is signed and submitted to the State of California.